

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Tucson

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 571

County Registrar No. \_\_\_\_\_

Local Registrar No. 491

No. \_\_\_\_\_ (If birth occurred in a Hospital or institution, give its NAME instead of street and number)

2. Full name of child Not named { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 30 1936</u> Month Day Year
5. No., in order of birth.				

8. FATHER Full name <u>R. L. Roy</u>	14. MOTHER Full maiden name <u>Anna Davis</u>
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9. Residence (Usual place of abode) <u>1600 E 13th</u> If non-resident, give place and state. <u>Tucson</u>	15. Residence (Usual place of abode) <u>1600 E 13th</u> If non-resident, give place and state. <u>Tucson</u>
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10. Color or race <u>white</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>29</u> (Years)
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12. Birthplace (city or place) (State or country) <u>Tex</u>	13. Birthplace (city or place) (State or country) <u>Texas</u>
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13. Occupation <u>RR Fireman</u> Nature of industry	19. Occupation <u>House wife</u> Nature of industry
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20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>none</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. L. Roy (Physician or midwife).  
Address 27 So Scott, Tucson

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed 8/3 1936 Dr. A. G. Schuchert  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar

198-1730-642